

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No. **PCT/IN04/00107**

International Filing Date **19 April 2004**

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference (if desired) (12 characters maximum) **LAILA:INT:006**

Box No. I TITLE OF INVENTION	
New double salts of (-)-hydroxycitric acid and a process for preparing the same	
Box No. II APPLICANT	
<input checked="" type="checkbox"/> This person is also inventor	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)	
Gokaraju Ganga Raju 40-15-14 Brindavan Colony Vijayawada - 520 010 Andhra Pradesh India	
Telephone No.	
Facsimile No.	
Teleprinter No.	
Applicant's registration No. with the Office	
State (that is, country) of nationality: IN	
State (that is, country) of residence: IN	
This person is applicant for the purposes of: <input checked="" type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)	
Gokaraju Rama Raju 40-15-14 Brindavan Colony Vijayawada - 520 010 Andhra Pradesh India	
This person is:	
<input type="checkbox"/> applicant only	
<input checked="" type="checkbox"/> applicant and inventor	
<input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)	
Applicant's registration No. with the Office	
State (that is, country) of nationality: IN	
State (that is, country) of residence: IN	
This person is applicant for the purposes of: <input checked="" type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<input checked="" type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet.	
Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE	
The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: <input checked="" type="checkbox"/> agent <input type="checkbox"/> common representative	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)	
DePENNING & DePENNING, 31 South Bank Road, Chennai 600028, Tamil Nadu, India; represented by Banerjee BL, Bhattacharya RP, Menon MVG, Nair RR and Solomon DJ.	
Telephone No. +91 44 2491128	
Facsimile No. +91 44 24941590	
Teleprinter No. dandi@vsnl.com	
Agent's registration No. with the C office 147	
<input type="checkbox"/> Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.	

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)*If none of the following sub-boxes is used, this sheet should not be included in the request.*

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Gottumukkala Venkata Subbaraju
Lakshmisurya
A-16, Nalanda Nagar
Tirupati - 517 502
Andhra Pradesh, India

This person is:

- ☐ applicant only
☒ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:
IN

State (that is, country) of residence:
IN

This person is applicant for the purposes of:

☒ all designated States☐ all designated States except the United States of America☐ the United States of America only☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Somepalli Venkateswarlu
54-16-3/6A (IInd Floor)
Aditya Buildings
Loyola Gardens
Vijayawada - 520 008.
Andhra Pradesh, India

This person is:

- ☐ applicant only
☒ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of:

☒ all designated States☐ all designated States except the United States of America☐ the United States of America only☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

- ☐ applicant only
☐ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of:

☐ all designated States☐ all designated States except the United States of America☐ the United States of America only☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

- ☐ applicant only
☐ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of:

☐ all designated States☐ all designated States except the United States of America☐ the United States of America only☐ the States indicated in the Supplemental Box

☐ Further applicants and/or (further) inventors are indicated on another continuation sheet.

See Notes to the request form

Box No. IX CHECK LIST; LANGUAGE OF FILING

This international application contains:

(a) in paper form, the following number of sheets:

request (including declaration sheets) : 4
 description (excluding sequence listing and/or tables related thereto) : 9
 claims : 4
 abstract : 1
 drawings :

Sub-total number of sheets : 18

sequence listing :

tables related thereto :

(for both, actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (c) below)

Total number of sheets : 18

(b) ☐ only in computer readable form (Section 801(a)(i))(i) ☐ sequence listing(ii) ☐ tables related thereto(c) ☐ also in computer readable form (Section 801(a)(ii))(i) ☐ sequence listing(ii) ☐ tables related thereto

Type and number of carriers (diskette, CD-ROM, CD-R or other) on which are contained the

☐ sequence listing:☐ tables related thereto:

(additional copies to be indicated under items 9(ii) and/or 10(ii), in right column)

This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):

1. ☐ fee calculation sheet :
 2. ☒ original separate power of attorney :
 3. ☐ original general power of attorney :
 4. ☐ copy of general power of attorney; reference number, if any: :
 5. ☐ statement explaining lack of signature :
 6. ☐ priority document(s) identified in Box No. VI as item(s): :
 7. ☐ translation of international application into (language): :
 8. ☐ separate indications concerning deposited microorganism or other biological material :
 9. ☐ sequence listing in computer readable form (indicate type and number of carriers)
 (i) ☐ copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application) :
 (ii) ☐ (only where check-box (b)(i) or (c)(i) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter :
 (iii) ☐ together with relevant statement as to the identity of the copy or copies with the sequence listing mentioned in left column :
 10. ☐ tables in computer readable form related to sequence listing (indicate type and number of carriers)
 (i) ☐ copy submitted for the purposes of international search under Section 802(b-quater) only (and not as part of the international application) :
 (ii) ☐ (only where check-box (b)(ii) or (c)(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Section 802(b-quater) :
 (iii) ☐ together with relevant statement as to the identity of the copy or copies with the tables mentioned in left column :
 11. ☐ other (specify): :

Number of items

Figure of the drawings which should accompany the abstract:

Language of filing of the international application:

English

Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).

(MVG MENON)
 OF DePENNING & DePENNING
 AGENT FOR THE APPLICANTS

For receiving Office use only

1. Date of actual receipt of the purported international application:	2. Drawings: <input type="checkbox"/> received: <input type="checkbox"/> not received:
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:	
4. Date of timely receipt of the required corrections under PCT Article 11(2):	
5. International Searching Authority (if two or more are competent): ISA /	6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid

For International Bureau use only

Date of receipt of the record copy
 by the International Bureau: